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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET					Application Number 09/801,649			Filing Date 09 March, 2001			☐ To be Mailed		
	Substitute	e for Form l with Form P	PTO-1360		Applicant(s) YODA, AKIRA						Page 1 of 1		
					* May be used for additional claims or amendm								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT 04/09/2007		AFTER SEC. AMENDMENT		*			* 04/09/07		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1			1				51				1		
2				1			52				1		
3				1			53						
5				1 4			54 55						
6			1	4			56						
7			1	1			57						
8				1			58						
9				1			59						
10				4			60						
11			1				61						
12 13				1			62 63						
14				1			64						
15				4			65						
16			1				66						
17				1			67						
18				1			68						
19				1			69						
20 21				1 1			70 71						
22				1			72						
23				1			73						
24				1			74						
25							75						
26							76						
27 28							77 78						
29				1			79						
30				1			80						
31				1			81						
32				1			82						
33				1			83						
34 35				1 1			84 85						
36				1			86						
37				1			87						
38				1			88						
39				1			89						
40				1			90						
41 42				1			91 92						
43				1			93						
44				1			94						
45			1				95						
46			1				96						
47			1				97		-				
48			1				98						
49 50				1			99 100						
Total							Total			8			
Indep							Indep						
Total							Total				40		
Depend							Depend						
Total Claims							Total Claims				18		

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